## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Dallas L. Clouatre

Title:

(-)-HYDROXYCITRIC ACID

FOR CONTROLLING INFLAMMATION

Appl. No.:

10/612,648

Filing Date:

7/2/2003

Examiner:

Zohreh A. Fay

Art Unit:

1612

Confirmation

3676

Number:

## **AMENDMENT TRANSMITTAL**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
  - [X] The fee required for additional claims is calculated below:

Claims		Extra		
As	Previously	Claims		Additional
Amended	Paid For	Present	Rate	Claims Fee

Total Claims:	6	-	6	=	0	X	\$52.00	=	\$0.0
Independent Claims:	1	-	1	=	0	x	\$220.00	=	\$0.0
First pre	sentation	n of any	Multiple	e Depende	ent Claims:	+	\$390.00	=	\$0.0
					CLAIMS	FE	E TOTAL	= -	\$0.

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$130.00	\$0.00
[ ] Extension for response filed within the second month:	\$490.00	\$0.00
[X] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION	FEE TOTAL:	\$1,110.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER	\$1,110.00	
] Small Entity Fees Apply (subtract ½ of above):		\$555.00
Extension Fees Pr	\$0.00	
	TOTAL FEE:	\$555.00

A credit card payment form in the amount of \$555.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date

ate 120 12, 2011

FOLEY & LARDNER LLP Customer Number: 48329

Telephone: Facsimile:

(617) 342-4088 (617) 342-4001 Respectfully submitted,

Ву

James F. Ewing

Attorney for Applicant Registration No. 52,875